

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5714

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS. CAROL M NICKNAME LAST SUFFIX BLACK		OFFICE USE ONLY Date Received: APR - 6 PM 12:36 Date Hand-delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 109 HAZELTINE DR. LAKEWAY, TX 78734		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 261-8311		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS. CAROL M NICKNAME LAST SUFFIX BLACK		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 109 HAZELTINE DR. LAKEWAY, TX 78734		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 261-8311		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 4 / 5 / 2004 THROUGH 4 / 5 / 2004		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 5 / 15 / 2004 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) BOARD TRUSTEE LAKE TRAVIS COMMUNITY LIBRARY DISTRICT	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. -- Name Address / PO Box; APT / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages		
GO TO PAGE 2			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

CAROL MOZELLE BLACK

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#:7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:1**2** FILER NAMECAROL MOZELLE BLACK**3** ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$000.00**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender a financial institution?YN**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

YN

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none**GUARANTOR INFORMATION**

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

CAROL MOZELLE BLACK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.)	

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

1

2 FILER NAME

CAROL MOZELLE BLACK

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME**2 ACCOUNT #** (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**** Complete A & B below *only* if you are not an officeholder. ****A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER**** Complete this section *only* if you are an officeholder **

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder